

BOOKS RECEIVED

American Illustrated Medical Dictionary (Dorland).

A new and complete dictionary of terms used in medicine, surgery, dentistry, pharmacy, chemistry, veterinary science, nursing, biology, and kindred branches; with new and elaborate tables. Eleventh edition, revised and enlarged. Edited by W. A. Newman Dorland, M. D. Large octavo of 1229 pages with 338 illustrations, 141 in colors. Containing over 1500 new terms. Philadelphia and London: W. B. Saunders Company, 1921. Flexible leather, \$7 net; thumb index, \$8 net.

Solutions (in ten lessons). A manual for use in training schools for nurses. By Elsie M. Smith, R. N. Second revised edition. St. Louis: C. V. Mosby Company, 1921. Price, \$1.

Epidemiology and Public Health. A text and reference book for physicians, medical students and health workers. In three volumes. By Victor C. Vaughn, M. D., LL. D. Assisted by Henry F. Vaughn, M. S., Ph. D., and George T. Palmer, M. S., Ph. D. Volume 1, Respiratory Infections. St. Louis: C. V. Mosby Company, 1922. Price, \$9.

Clinical Diagnosis. A textbook of clinical microscopy and clinical chemistry for medical students, laboratory workers, and practitioners of medicine. By Charles Phillips Emerson, A. B., M. D. 156 illustrations. Fifth edition entirely rewritten and reset. Philadelphia and London: J. B. Lippincott Company, 1921.

Submucous Resection of the Nasal Septum. By W. Meddaugh Dunning, M. D., consulting otologist, Fordham Hospital, N. Y. C. New York: Surgery Publishing Company, 1921.

Lessons on Tuberculosis and Consumption for the household showing how to prevent tuberculosis, how to recognize its first symptoms, how to win back health. By Charles E. Atkinson, M. D. Illustrated. New York and London: Funk and Wagnalls Company, 1922.

Physicians' Responsibility Under the Industrial Accident Law—The Industrial Accident Commission in a recent circular letter has again called the attention of physicians to Section 53 of the Industrial Accident Law of California. The section provides that every physician or surgeon who attends an employee for injury arising out of or in the course of the employment shall make a report direct to the Commission. This report is due from every physician or surgeon who attends an injured employee, regardless of the class of employment, regardless of whether the employer carries insurance or not, regardless of the fact that the practitioner may also be in the employ of the same employer, and regardless of any and all insurance carriers. If the employer is insured, a copy of the report should be sent to the insurance carrier, as it is of equal importance that they also be notified promptly.

A QUICK AND EASY METHOD FOR THE REMOVAL OF PLASTER CASTS

The removal of heavy plaster casts is practically always a tedious task for both surgeon and patient: the one wearing out his hands with the exertion of cutting and the other his nervous system with the expectation of being cut. At least this has been my observation, and is especially true when 5 to 10 per cent of cement is added to the plaster to increase its strength, as is done in the hospitals of this community.

This cement mixture makes a most satisfactory cast and one that will stand a great deal of rough handling and strain, but it is also very resistant to incision.

A given amount of plaster seems to offer about the same resistance to saws, knives, scissors and all other types of instruments, whether or not the plaster is moistened with acetic acid or any of the other substances which have been suggested as solvents. When solvents are used in sufficient amounts to be of assistance, time is consumed in waiting, and the cast is usually destroyed for further use.

These difficulties have often made me wish that my casts belonged to someone else, when it came to removing them, until I learned that the cloth is easily cut after the plaster has been powdered. This is accomplished by striking quick light blows on the cast along the desired line of incision with a small tack hammer or similar instrument, by which the consistency of the plaster is broken. When this is done, the remaining soft bandage may be easily cut with a knife or scissors.

It is better to break the line over soft tissues, when possible, than over areas where bones are prominent; however, this is not necessary, and the use of reasonable care does not bruise or abraid even in the latter areas. In many instances the area of the cast which is being struck can be completely lifted from the underlying tissues by exerting pressure on the opposite side of the cast.

Plaster does not fracture beyond the areas of impact, and, therefore, does not depress into the underlying tissues. This, however, makes it necessary to overlap the blows in order to completely break the plaster in the line.

Casts which are desired for further use are not destroyed by this method to any greater extent than when removed by simple cutting.

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NATIONAL BOARD OF MEDICAL EXAMINERS

The dates for the next two examinations of the National Board of Medical Examiners are as follows:

Part I and II, June 19, 20, 21, 22 and 23, 1922.

Part I and II, September 25, 26, 27, 28 and 29, 1922.

Applications for the June examination should be in the Secretary's Office not later than May 15, and for the September examination not later than June 1. Application blanks and circulars of information may be had by writing to the Secretary, Dr. J. S. Rodman, 1310 Medical Arts Building, Philadelphia, Pa.

Paternalism, the Most Subtle and Sinister Enemy of Popular Government—On November 18, 1921. Congressman Frank L. Greene of Vermont delivered an address before the House of Representatives that ought to be read by every physician and every other thinking citizen of this commonwealth. Mr. Greene's subject happened to be Senate Bill 1039, but his remarks constitute a most thoughtful and sane protest against the everincreasing tide that is swinging toward paternalism and socialism in our government.